

Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 001844 thru 001844
Printed: 2/9/2011 9:45:42 AM - Page 11

Cashlisting: 90375 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.
 Deposit No: 001844 Date Deposited: 02/08/2011 Contact: E. WALKER

*OVERPAYMENT
 REFUND REQUEST OF
 \$150.00, #19084
 2/17/11*

Object	Transmittal	Dep.DDN	Receipt Number	Pre- Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant
002272	65669		730430		BONITA GRANDE AGGREGATES LLC	10000805	\$100.00		1060172	916160	PFTF	
	65670		730433		L.R.E. GROUND SERVICES, INC.	25619	\$250.00	7775671-001	1060173	916163	PFTF	
	65699		730761		LEHIGH HANSON	20829072	\$100.00		1060737	916521	PFTF	
	65699		730760		LEHIGH HANSON	20829073	\$100.00		1060736	916520	PFTF	
Object Code 002272 Subtotal:							\$550.00					
002275	65680	517998	730634		MIAMI-DADE COUNTY	02434998	\$50,900.64		1060649	916375	APCTF	
	65680	517999	730635		CITY OF TAMPA	00539607	\$836.91		1060650	916376	APCTF	
Object Code 002275 Subtotal:							\$51,737.55					
002303	65671		730435		BROWARD COUNTY FLORIDA BOARD O	001288172	\$900.00		1060176	916166	PFTF	
Object Code 002303 Subtotal:							\$900.00					
Cashlisting 90375 Total:							\$53,187.55					



DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Transmittal Sheet

Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Transmittal Sheet
Printed: 2/7/11 1:32:20PM - Page 1

Transmittal Number: 65670
Total: \$ 250.00
Number of Items: 1
Date Created: 07-Feb-2011
Deposit/Verified Date:

Collection Point: 3755

FRIDAY_B	FRIDAY_B	
Lister	Witness	Received By
		Accounting & Budgeting

DEPOSITED

Remittance Number	Received Date	PNR/ DEP DDN	Receipt Number	Check Number	Name	Remittance Amount	Payment Number	Payment Amount	Reference Account
916163	01-Feb-2011		730433	25619	L.R.E. GROUND SERVICES, INC.	\$250.00	1060173	\$250.00	7775671-001
Total To Be Deposited:						\$250.00			

LRE GROUND SERVICES, INC.

P.O. BOX 10263
BROOKSVILLE, FL 34603
(352) 796-0229

BANK OF AMERICA, NA
SPRING HILL, FL 34611
63-27/631

25619

1/25/2011

PAY TO THE
ORDER OF

Florida Dept. of Environmental Protection

\$ **250.00

Two Hundred Fifty and 00/100*****

Florida Dept. of Environmental Protection

DOLLARS
Security features
included:
Details on back.

LRE GROUND SERVICES, INC.

MEMO

De Skun

AUTHORIZED SIGNATURE

MP

LRE GROUND SERVICES, INC.

25619

Florida Dept. of Environmental Protection
60000 · Direct Job Costs:60400 · Permit

1/25/2011

250.00

Cash In Bank - Gener

250.00

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: L.R.E. GROUND SERVICES, INC.

ADDRESS: P. O. BOX 10263 BROOKSVILLE, FL 34603-

AMOUNT: \$150.00 CHECK #: 25619 DEPOSIT DATE: 02-08-2011 DEPOSIT: 001844

DOCUMENT NUMBER: SYS RECEIPT#: 730433 PAYMENT#: 1060173 REMIT#: 916163

REV OBJECT CODE: 002272 NON-TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: OVER PAYMENT

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20____.

Applicant's Signature

FEIN

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$150.00 was originally deposited into the State Treasury,

Receipt _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 0000000020000

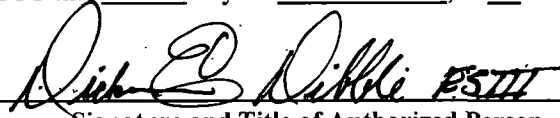
Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 00000022000000

CERTIFIED TRUE AND CORRECT this 17TH day of FEBRUARY, 2010.


Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED." Three years is interpreted as meaning three years from the date of payment into State Treasury.